

# "FEE ADDRESS" INDICATION FORM

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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

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☐ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid for patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER	PATENT DATE (if known)	U.S. FILING DATE
	09/726,166		November 29, 2000

Completed by (check one):


☐ Applicant/Inventor

☒ Attorney or Agent or record 30,576  
(Reg. No.)

☐ Assignee of record of the entire interest.  
See 37 C.F.R. 3.1

☐ Statement under 37 C.F.R. 3.73(b) is enclosed (Form PCT/SB/96)

☐ Assignee recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_

  
(Signature)  
Max Moskowitz  
(Typed or printed name)  
November 2, 2006  
(Date)

Note: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.